



Montana Medicaid

CLAIM JUMPER

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DEA Numbers on Microfiche to Be Discontinued

Effective immediately, Montana Medicaid will no longer provide pharmacies with the list of DEA numbers on microfiche, paper or any other media. It is DEA policy that the credentialing of a physician may be accomplished by requesting a copy of the physician's current DEA registration certificate, which indicates the issue and expiration dates. This would satisfy the requirements for verification of DEA registration. In addition, the DEA provides a list of active DEA registrants to the National Technical Information Service (NTIS), a component of the United States Department of Commerce. This list of active

DEA registrants may be obtained from NTIS as a single purchase, monthly or quarterly by calling 1-800-363-2068. For more information, visit the NTIS website at <http://www.ntis.gov/products/types/dea/index.asp>.

Client Assistance

When clients need assistance with Medicaid or have questions about their services or their bill, refer them to their local County Office of Public Assistance. Please do not refer them to Provider Relations; this service is for providers only. Clients may also be referred to these other helpful resources:

- The client website at www.dphhs.mt.gov, select *Programs & Services, Medicaid, Medicaid Client Information*
- The general Medicaid information line: 1-800-362-8312

EPSDT/Family Planning Indicators

EPSDT/Family Planning indicator code of 5 is no longer a valid code. CMS-1500 claims with an EPSDT/Family Planning indicator 5 may be denied. The following is a list of valid EPSDT/Family Planning indicator codes.

EPSDT/Family Planning Indicators		
Code	Client/Service	Purpose
1	EPSDT	Used for clients under age 21
2	Family Planning	Used when providing family planning services
3	EPSDT and family planning	Used when the client is under age 21 and is receiving family planning services
4	Pregnancy (any service provided to a pregnant woman)	Used when providing services to pregnant women
6	Nursing facility client	Used when providing services to nursing facility residents

Publications Reminder

It is providers' responsibility to be familiar with State health care manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the State health care website (mtmedicaid.org).

CHIP Eyeglasses Rx Form

Walman Optical provides eyeglasses under the same contract for both Medicaid and CHIP. If your office carries Walman frames for Medicaid, keep in mind these are the same frames utilized in the CHIP program. The procedures are the same except providers must use the CHIP Rx Form when the order is sent to Walman Optical. The CHIP Rx Form is available on the Department's website, mtmedicaid.org, under *Forms, Eyeglass CHIP Rx Form* and on page A.4 of the *Optometric and Eyeglass Services* manual. Please bill CHIP eye exam and fitting charges to BlueCross BlueShield. If you need assistance, contact Patrick Brown or Mary Seibert at 1-877-543-7669 (toll-free in Montana) or (406) 444-6971 (Helena and out of state).

Patrick Brown, DPHHS

OCR and Handwritten Claims

The OCR software can read handwritten or typed claims, as long as the writing is clear and kept within the lines. It is extremely important that the text be kept within the appropriate boxes and not touching a line, or the OCR software will read the numbers incorrectly, which may cause the claim to pay at \$0.00 or even deny.

CMS-1500. For example, when entering a phone number in field 33 of the CMS-1500 form, if a phone number of 555-5555 is touching the line above (field 20 Amount Paid), the OCR will read the phone number as the amount paid by TPL (\$5,555,555) and may cause the claim to pay at \$0.00.

UB-92. When completing a UB-92 claim, for example, and entering an A2 indicating coinsurance, if the 2 is on or over the line and the coinsurance amount is \$30.00, the software will read the amount as \$230.00. Also, if the dollar amount extends over the line, the amount that should have been \$15.00 will be read as \$1.50.

Prior Authorization for Medicaid and CHIP Lens Add-on Materials

Effective June 1, 2006, the Department will be implementing a more formal authorization process for add-ons to eyeglasses. Vision providers will continue to provide a letter to the Department for the add-on (i.e. polycarbonate lenses, tint, etc.), that includes the medical reason for the request. This letter must be signed by the optometrist or ophthalmologist.

If the request is approved, the Department will create a prior authorization number for the procedure code describing the add-on feature and forward the approval letter to the eyeglass contractor and notify the requesting vision provider.

Michelle Gillespie, DPHHS

Claims-Based Medical History Available on the Web Portal

The Montana Access to Health Web Portal provides a unique medical history functionality that assists providers in treating their Medicaid, MHSP and CHIP clients. This function provides hospitals, physicians, and mid-level practitioners access to clients' claims-based medical histories interactively. Providers can request claims-based medical history back to October 2002.

A client's treatment history can provide a key to the client's current needs as well as provide a cost savings to the overall State health care programs.

Providers can access medical history by selecting *Claims-based Medical History* from the *Inquiries* menu. Only hospitals, physicians and mid-level practitioners have this option available to them. It is not offered as an option on

the menu for any other provider types. Upon selecting *Claims-based Medical History*, the provider is asked to enter provider number, client information, service date range, claim type, and any additional criteria.

The information returned comes from claims processed by Medicaid, MHSP and CHIP and includes name of the provider who rendered the services, diagnosis codes, services delivered by procedure/revenue/NDC code, service descriptions (office visit, lab, etc.), and prescribed drug information. A link to the MATH Web Portal is available from mtmedicaid.org.

Sending Checks to ACS

In order to ensure timely, accurate processing, all checks sent to ACS must be made payable to DPHHS and mailed to the following address:

Third Party Liability
PO Box 5838
Helena, MT 59604

Personal Needs Trust Accounts for Nursing Home Residents

According to MCA 53-6-168, a nursing facility holding personal funds of a deceased Medicaid resident shall, within 30 days following the resident's death, pay those funds to the Department. There are no exceptions to this statute.

Every year the Department recovers over \$500,000 from personal needs accounts of deceased residents. Recovery of these funds is an important part of keeping the Nursing Home Program solvent.

Please make the check payable to Montana Medicaid. Include the resident's name, Social Security number and date of death. Mail the check to:

TPL Unit
PO Box 202953
Helena MT 59620-2953

Russ Hill, DPHHS

MCA 53-6-168

53-6-168. Payment of certain funds of deceased recipient to department. (1) (a) A nursing facility or a person, other than a financial institution, holding personal funds of a deceased nursing facility resident who received Medicaid benefits at any time shall, within 30 days following the resident's death, pay those funds to the department.

(b) A nursing facility may satisfy a debt owed by the deceased resident to the facility from the deceased resident's personal funds that are held by the nursing facility and that would have been payable to the facility from the resident's funds. The facility shall pay the remaining funds to the department as required by this section.

(c) Funds paid to the department under this section are not considered to be property of the deceased resident's estate, and 53-6-167 does not apply to recovery of the funds by the department.

(2) For purposes of this section, a nursing facility is holding personal funds of a resident if the facility:

(a) maintains possession of the funds in the facility; or

(b) as the recipient's trustee or representative, has deposited the resident's funds in an individual or shared account in a financial institution.

(3) The department shall apply any funds received under this section proportionately to the federal and state shares of recoverable medical assistance and shall pay any remaining amount to a person entitled by law to the funds.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices		
03/01/06	Physicians, Mid-Level Practitioners, Public Health Clinics, FQHCs, RHCs, Hospital Inpatient, Hospital Outpatient, Indian Health Services	VFC Update
03/13/06	Physicians, Mid-Level Practitioners, Pharmacies	Prior Authorization for Suboxone®/Subutex®
03/20/06	Psychiatrists, Physicians, Mid-Level Practitioners, Pharmacies, Community Mental Health Centers, Psychological Services Providers	15-day Supply Limit Clinical Edit on Initial Atypical Antipsychotic Prescriptions
Other Resources		
02/24/06	All Provider Types	Footer updated to include DPHHS logo and link
02/24/06	All Provider Types	“Contact Us” changed to “Contact Webmaster”
02/24/06	All Provider Types	Update about latest improvements to web portal added
02/27/06	All Provider Types	What’s New on the Site This Week
02/28/06	All Provider Types	Upcoming Events: Revised schedule for Provider Fair day two
02/28/06	All Provider Types	Newsletters: March 2006 Claim Jumper
02/28/06	All Provider Types	“Secure Provider Web Portal” updated to “Log in to Montana Access to Health”
02/28/06	All Provider Types	Provider Enrollment bullet replaced with bigger link at bottom of navigation bar
03/01/06	All Provider Types	Updated carrier codes
03/02/06	All Provider Types	Upcoming Events: Revised schedules (including speakers) for Provider Fair
03/02/06	All Provider Types	Upcoming Events: Revised schedule for Provider Fair day two
03/03/06	All Provider Types	Client Newsletters: January-March 2006 Your PASSPORT To Health
03/03/06	All Provider Types	Footer updated to include DPHHS disclaimer
03/06/06	All Provider Types	What’s New on the Site This Week
03/06/06	Pharmacy	DUR Board / Formulary Committee meeting agenda
03/07/06	Pharmacy	Revised DUR Board / Formulary Committee meeting agenda
03/08/06	All Provider Types	Client Newsletters: Revised January-March 2006 and October-December 2005 Your PASSPORT To Health
03/10/06	MHSP and CHIP	Added as provider types to Provider Enrollment
03/10/06	Pharmacy	Revised DUR Board / Formulary Committee meeting agenda
03/13/06	All Provider Types	What’s New on the Site This Week
03/13/06	All Provider Types	Newsletters: April 2006 Claim Jumper
03/13/06	Pharmacy	Drug Class Reviews
03/14/06	All Provider Types	Revised schedule for Provider Fair day two
03/14/06	Pharmacy	Updated PDL
03/20/06	All Provider Types	What’s New on the Site This Week
03/27/06	All Provider Types	What’s New on the Site This Week
03/27/06	Pharmacy	Revised Drug Class Reviews
03/27/06	Pharmacy	Manufacturer-Submitted Preferred Drug Information

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

PRSRT STD
U.S. Postage
PAID
Helena, MT
Permit No. 154

Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 624-3958

Prior Authorization

DMEPOS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604